

The Moira Model

The Magic of
Workforce Development

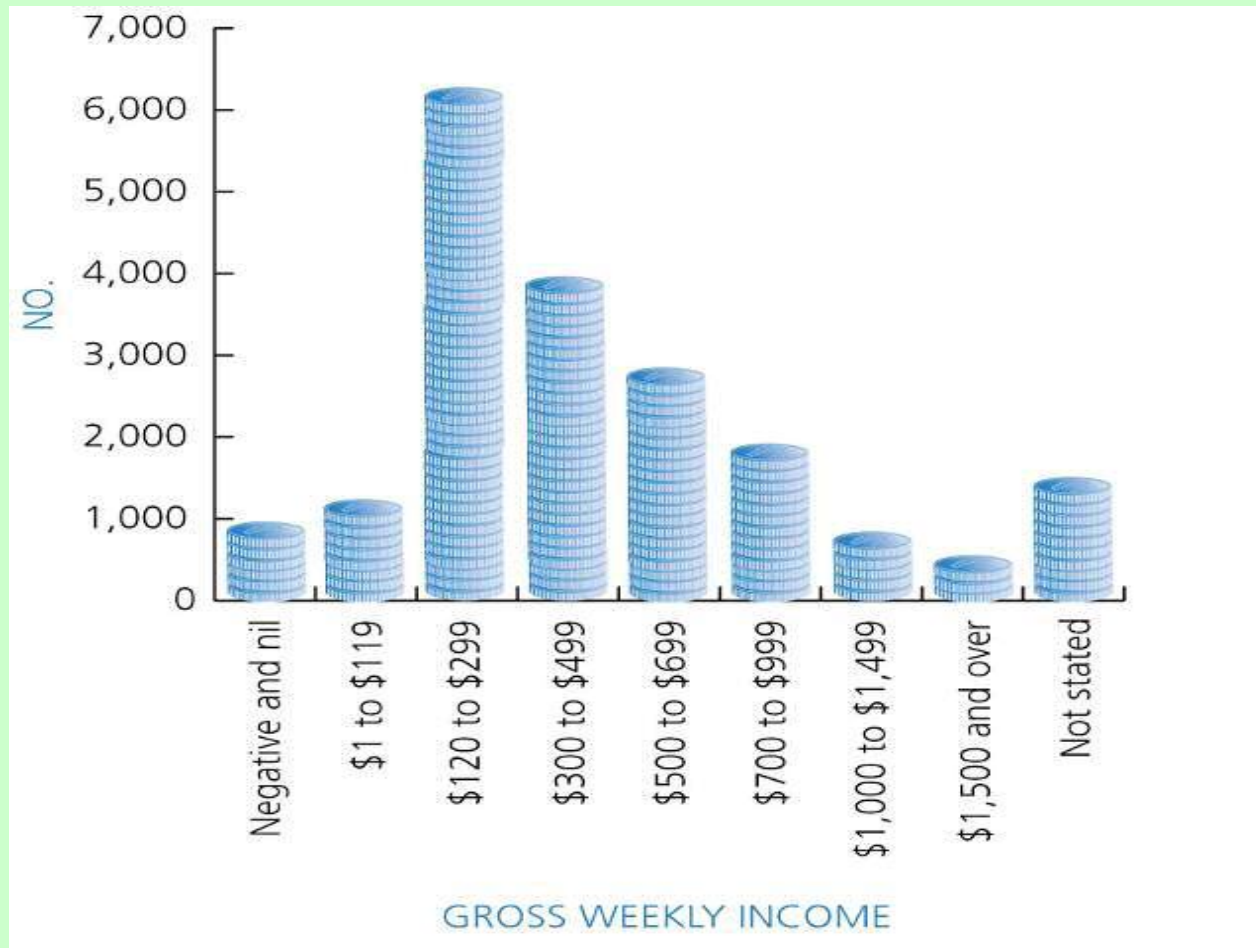
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Background MHA

- Established in 1998
- Board structure:
 - representative from each hospital
 - local government and
 - two from community.
- Small organisation
- Turnover approx \$3.5k



Moirā Income Demographics



Demographics cont.

- Population 28,000
- Large aging population
- Aging workforce
- Agriculture largest employer
- Low level of population with post secondary qualifications

What MHA was

- Recruitment was difficult
- Word was “Don’t work for them”
- Could not attract workers
- No workers with qualifications
- No business profile

Recruitment

Initial Process

- Advertisements in local papers
- Flyers in local school newsletters, general stores and pubs

Now

- Advertisement local paper
- Word of mouth
- Waiting lists before advertising

Implementation of Training

- Industry based training
- Div2 to Div1 Nursing conversion 2003
- Started Cert 3 Aged Care 2004
- Sequential training in Cert IV
- Complete 4 qualifications in a year
- July 2007 commenced Cert IV Health (Nursing)

Why it Works

- Cert 3 employed in MHA HACC (30)
- Cert 3&4 employed HACC & residential care (60)
- Cert 3&4 employed in residential & HACC while completing Div2 training (20)
- Div 2 employed in acute/residential through conversion to Bachelor of Nursing (20)

Who is training?

- Mature workforce
- Mostly women
- Return to work
- High standard of applicant
- Different cultural mix, Koorie, Croatian
- Enthusiastic and committed

Division 2 Nurse Group



Career Pathways

- Capacity building across alliance
- Development and maintenance of skilled workforce
- Developing workforce with individual range of competencies
- Staff employed from bottom up whilst gaining further qualifications

Training Options

- Cert III Aged Care
- Cert III Aged Care HACCC
- Cert IV Aged Care
- Cert IV Aged Care HACCC
- Cert IV Lifestyle and Leisure
- Cert III in Fitness
- Cert IV Service Co-ordination
- Cert IV Frontline Management
- Cert III Business Management
- Cert IV Nursing
- Bachelor of Nursing

Commitment to Training

- Commitment started at CEO level
- Support of Board, management
- Support by Wodonga TAFE and Charles Sturt University
- Acceptance of training as a key strategy
- Training being implemented in a range of levels and fields
- Career pathways developed

Involved agencies

- Four rural hospitals
- Wodonga Institute of TAFE
- Cobram Development Corporation
- Local HACC services
- Local Government
- Charles Sturt University

Positives of local industry training

- Home-grown so committed to building local career
- Opportunities to be employed locally whilst training
- Capabilities and learning capacity extremely high
- Come with life-skills eg farm and small business management

Training Laboratory in local hospital





Current Workers' Views

- Challenges concept of their work culture
- Builds performance
- They can retire, go on leave
- Rethink old ways, learning in teaching
- Change in power and leadership roles
- Builds best practice
- Encourages them to seek further education
- Energising the workforce

Learnings

- Logistically difficult
- Not being prepared enough
- Recruitment process not rigid enough
- Resistance from current workforce
- Lots of paperwork
- Getting the right RTO
- Time

Positives

- **Created a workforce with a range of competencies**
- **Sense of belonging to organisation**
- **Challenges for all staff/cultures**
- **Easier for older workers - split workload**
- **Training is coordinated and at local venues**
- **Range of skills and cultural mixes**

Positives cont.

- **Easy to fill rosters, leave**
- **Choice**
- **Support**
- **Raises the benchmark**
- **Raises RTO standards of delivery**
- **Industry choice of the ” *best of the best*”**
- **Employer & employee relationship developed in a different capacity**

Key Partners

Hospitals, TAFE, MHA, University
& DHS



Financial

- Traineeship incentives
- Healthcare cards
- Drought
- Commitment from Board
- Funding support WIOT and CSU through HECS places and profile \$s

Clients

- Extras done
- Continuity for leave
- Requests for trainees
- Breaks down circles of client ownership
- Improved outcomes and standards
- Valued



Where we are up to

- Allied Health modules applied at different levels
- Undertaking a funded evaluation
- Position to manage pathway and support students
- Best practice – where to from here
- Cost of trainees to organisation- viability
- How to continue the positives?
- Sharing what we have learnt
- Maintaining RTO commitment

Myth Busted!

A local sustainable workforce
can be developed in rural areas